

APPLICATION FOR MINORS IN PERFORMANCES

For the employment of any minor under 18, in compliance with the Pennsylvania Child Labor Act in a performance where a minor models or renders artistic creative expression in a live performance, radio, television, movie, Internet, publication, documentary, reality programming, or other broadcast medium that is transmitted to an audience.

The bureau should receive the application before the performance and/or first rehearsal. A school official must complete the section applicable to performing or rehearsals during school hours.

RETURN TO:

**Bureau of Labor Law Compliance
651 Boas Street, Room 1301
Harrisburg, PA 17121-0750
Telephone: 800-932-0665
FAX: 717-787-0517
Email: ra-lislmr-ent_apps@pa.gov**

Please be advised that the department cannot guarantee the security of personally identifiable information submitted via unsecured means such as: fax or unencrypted email systems.

The minor may not begin participating in a rehearsal, filming or production until the permit is issued.

INFORMATION ABOUT THE MINOR (To be completed by parent or guardian. Attach additional sheets, if necessary.)

Legal and professional name of minor _____

Permanent address _____

STREET CITY STATE ZIP CODE
Telephone (____) ____ - ____ Date of birth ____ / ____ / ____ Place of birth _____
MONTH DAY YEAR

Is the minor a foreign national? Yes No

Name of parent or guardian _____ Telephone (____) ____ - ____

Permanent address _____
STREET CITY STATE ZIP CODE

Name of parent or representative who will accompany the minor to rehearsals or performances _____

Has the minor's total earnings exceed \$2,500 or is he/she anticipated to exceed \$2,500 with this performance?

Yes No

If yes, what provisions are made for conservation of earnings? _____

Does the minor have a booking agent? Yes No

If yes, booking agent name _____ Telephone (____) ____ - ____

Booking agent address _____
STREET CITY STATE ZIP CODE

STATEMENT OF PARENT:

In applying for the Special Performance Permit, I certify that, to the best of my knowledge and belief, all statements above are true and accurate. I understand that false statements are subject to 18 Pa. §4904 (relating to penalties for sworn falsifications).

SIGNATURE OF PARENT OR GUARDIAN

DATE

INFORMATION ABOUT: _____ (To be completed by the School District.

Attach additional sheets, if necessary).

NAME OF MINOR

Note: For performances or rehearsals given during school vacations, the school district is not required to complete the following:

School District where minor resides _____ Telephone (____) ____ - _____

School District address _____
STREET CITY STATE ZIP CODE

Grade completed in school _____ Hours per week attending school _____

If child is presently tutored instead of attending school, give name of tutor _____

Tutor address _____
STREET CITY STATE ZIP CODE

Is tutor a certified teacher? Yes No

Has the school of residence approved the subjects for tutoring? Yes No

Number of hours of tutoring per week _____

SCHOOL OFFICIAL'S STATEMENT: To the best of my knowledge and belief, the performances and rehearsals outlined will not interfere with the educational instruction or school progress of the pupil named on the front of this form. If the minor is being tutored, the official shall attest that the subjects being taught and the tutoring arrangements are approved.

SIGNATURE OF PRINCIPAL OF SCHOOL ATTENDED
OR ISSUING OFFICER OF DISTRICT

NAME OF SCHOOL

ADDRESS OF SCHOOL

INFORMATION ABOUT THE EMPLOYMENT: (To be completed by the employer. Attach additional sheets, if necessary).

Production company name _____ Telephone (____) ____ - _____

Production company address _____
STREET CITY STATE ZIP CODE

Name of production _____

Type of production _____ Type of performance by minor _____

Rehearsal date(s) _____

Performance date(s) _____ No. of performances per day _____ Per week _____

Maximum combined rehearsal and performance time per day _____ Per week _____

Hours at which minor reports for performances _____

Describe minor's performance _____

Duration of time of minor's performance _____

Provide all specific location (addresses), dates, times of all filming, performances and rehearsals.

Will alcoholic beverages be dispensed to the patrons during the performance? Yes No

Will employer provide education to the minor? Yes No

If yes, number of minors being educated: _____

Will minor or any other individual associated with production be paid for performing? Yes No

If yes, amount by week \$ _____ by performance \$ _____

Will there be any remuneration other than money? Yes No

If yes, please describe: _____

If minor is performing away from his/her home community, who is responsible for:

Transportation? _____ Meals and lodging? _____ Education? _____

Was this minor engaged in this performance in other states? Yes No

If yes, list states whether permit was obtained or not: _____

The following questions apply only to professional acrobatic performances:

1. Is the performance a part of a nationally recognized or internationally recognized circus? Yes No
2. Are there appropriately trained medical professionals on site during all performance times? Yes No
3. Did the minor have a physician's statement of health issued within the previous 12 months? Yes No
4. Will there be a professional teacher available to the minor throughout the performance? Yes No
5. Will the minor's performance involve a high-wire or trapeze act? Yes No

STATEMENT OF EMPLOYER: In applying for the Special Performance Permit, I certify that, to the best of my knowledge and belief, all statements above are true and accurate. I understand that false statements are subject to 18 Pa. §4904 (relating to penalties for unsworn falsifications).

SIGNATURE OF EMPLOYER

DATE

Note: If Special Performance Permit is to be mailed to someone other than the employer named, mail to:

Name _____

Address _____
STREET CITY STATE ZIP CODE